## 02/12/2007 16:46

## Image# NOTIFICATION OF MULTICANDIDATE STATUS

( See reverse side for instructions ) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL Conservative & Republican Together Equals Results PAC (b) Number and Street Address 7315 Wisconsin Avenue 2. FEC IDENTIFICATION NUMBER C00427401 Suite 705 East (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) ☐ STATE PARTY Bethesda MD 20814-3202 I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Office Sought State/District Name Date (i) 2 10/12/2006 Thelma Drake House VA (ii) Heather Wilson 09/28/2006 House NM 1 (iii) Thelma Drake House VA 2 09/21/2006 (iv) Patrick Tiberi 09/21/2006 House OH 12 (v) Heather Wilson House NM 1 08/31/2006 Contributors: The committee received a contribution from its 51st contributor 10/11/2006 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 08/11/2006 (d) Qualification: The committee met the above requirements on: 02/11/2007 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER DATE Electronically Filed by 02/12/2007 D. Craig Harris D. Craig Harris Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

FEC FORM 1 M